



Agent Application Form
Fire Protection System Plan Review
As Authorized in S 101.02(5)(6), Stats.

Municipality: _____

Plan Review Delegation Requested: **Fire Alarms** **Fire Sprinklers** **Special Hazards**

Plans to be Reviewed by: **Building Department**
_____ **Fire Department** **FDID:** _____
_____ **Other:** _____

Address: _____

Contact Person: _____ **Phone:** _____

E-Mail: _____ **Fax:** _____

Title & Name of Individual(s)

Performing Plan Reviews: _____

Qualifications/Credentials: _____

Intended date to assume Plan Review responsibility: _____

Highest Elected Official

Title & Name: _____ **Phone:** _____

Address: _____

E-Mail: _____ **Fax:** _____

Comments: _____

Highest Elected Official Signature: _____ **Date:** _____